

COUNSELORS' PERCEPTIONS OF FEMALE AND MALE CLIENTS: DO WE
REINFORCE TRADITIONAL GENDER ROLES?

By

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This qualitative study investigated counselors' perceptions of their female and male clients. Data from the intake interviews of 59 client cases (36 female and 23 male) were analyzed using a grounded theory approach. After submitting a preliminary description to a peer audit, a final description of these counselors' perceptions was constructed. The description included two core categories that helped shape several themes regarding counselors' perceptions of their clients. The core categories were (a) counselors' attempts to describe their clients and (b) counselors' descriptions of what counseling or the counseling relationship is like. Additionally, while the counselors' perceptions were for the most part similar for

their female and male clients a few differences emerged. For the female clients the themes of "vulnerability" and "paying attention to how much the client asserts herself" were more pronounced than for the male clients. For the male clients the themes of "being stuck" and "paying attention to how much the client is connected to others" were more pronounced than for female clients. Based on the results of this investigation, recommendations for practice and implications for research are addressed.

INTRODUCTION

Counselors are not passive in their attempts to understand their clients. They actively seek information, integrate it, and form impressions about their clients (Leary & Miller, 1986), in order to decide on the most effective counseling interventions (Strohmer & Shivy, 1994). However, as human beings counselors may not be able to conduct this process fully value free (Katz, 1985). For example, prior research has indicated that counselors form impressions of their clients very quickly (Sandifer, Horden, & Green, 1970) and thus may make inaccurate assumptions and decisions based on easily identifiable information.

One such easily identifiable cue is gender. Deaux (1976) suggested that counselors "have expectancies for the behaviors of a . . . male or female which derive from stereotyped assumptions" (p. 336). Testing this idea researchers (e.g., Broverman, Broverman, Clarkson, Rosenkrantz, & Vogel, 1970; Ciano-Boyce, Turner, & Turner, 1988; Hampton, Lambert, & Snell, 1986; Hare-Mustin, 1983;

Karasu, 1980; Kirshner & Johnston, 1983; Korner & Goldberg, 1996; Lemkau, 1983; LoPiccolo, Heiman, Hogan, & Roberts, 1985; O'Malley & Richardson, 1985; Russell, 1986) have found that counselors' perceptions of a healthy woman and a healthy man are different and that these judgments are in sex-role traditional directions. Based on a recent series of studies, Garb (1996) concluded that when differences in counselors' perceptions of women and men occur in psycho-diagnosis, they occur because of the counselor's beliefs, and not because of base rates.

Knudson-Martin (1996) therefore suggests, that counselors need to take an active approach in becoming aware of their values and beliefs, and how they impact their perceptions of women and men the therapeutic process (Knudson-Martin, 1997; Knudson-Martin & Mahoney, 1996). Both Fitzgerald and Nutt (1986) and the APA Ethical Principles of Psychologists (1992) also strongly emphasize the ethical responsibility of therapists for competent, informed, nondiscriminatory, and respectful treatment/research/theory along gender lines. If we fail to look or ask, previous gender patterns will remain unexamined and are likely to be reinforced (Knudson-Martin, 1997).

However, previous studies have found that most people avoid dealing with gender issues, in general (Hochschild, 1989; Hood, 1983; Whitbourne & Ebmeyer, 1990; Zvonkovic, Greaves, Schmeige, & Hall, 1996), and their impact on counseling, specifically (Knudson-Martin, 1997, Margolin, Talovic, Fernandez, & Onorato, 1983). For example, Van Buren (1992) reported that gender issues are rarely addressed in graduate training programs. Therefore, it may be that gender-stereotypical patterns of perceiving women and men, so ingrained by our social development, remain unidentified or unchallenged (Stabb, Cox, & Harber, 1997). This has the potential to harm the client (Tsui & Shultz, 1988), as counselors may unintentionally convey restrictive notions about women's and men's roles (Hare-Mustin, 1983), which wind up limiting, rather than expanding, the range of behavior available to their clients (Shields, 1995).

Because of the potential for harm to a client most researchers and clinicians agree that this is an area that needs further study (Stabb et al., 1997). However, counselors' perceptions of actual clients have been largely unstudied (O'Donohue & Crouch, 1996). Instead researchers have relied on analogue research (see Fischer, 1989, for an exception) which assumes that the judgment processes used by counselor participants are similar to what they would

use in a real-life counseling session. However, this assumption may not be valid because counselor participants may be more interested and invested in a real client than in an experimental client (Strohmer & Shivy, 1994). The extent to which a laboratory experiment resembles the actual counseling process is an important consideration in assessing the relevancy of the findings (Heppner, Kivlighan, & Wampold, 1992). Consequently, these designs may not be applicable to examining gender and counseling issues.

In addition, these analogue studies have been plagued by a number of methodological and conceptual problems (Barak & Fisher, 1989; Lopez, Smith, Wolkenstein, & Charlin, 1993). These problems include (a) unrepresentative samples, (b) use of different and even inappropriate measures across studies, and (c) covert, political, social, or value agendas that lead to selective reviews of the literature (Barak & Fisher, 1989). Similarly, the understanding of gender issues in counseling has mostly been limited by the researchers intending to focus on one sex at a time, thus making it difficult to understand how the sexes are different or alike in certain respects (Cook, 1990).

Therefore, while reviews of the literature (e.g., Lopez, 1989) have suggested that therapists might make differential judgments of women and men in analogue settings, one cannot be sure that counselors do, in fact, perceive women and men differently in real life counseling (Barak & Fisher, 1989). As a result, it may be important to use counselors' perceptions of actual clients and to reexamine the way researchers have been examining these issues. Researchers may need to develop better ways to conceptualize and measure counselors' perceptions of their clients.

One of the ways to examine counselors' perceptions of actual clients is the use of archival data such as previously written intake assessments. Counselors' judgments made about clients during the initial intake interview have been found to influence the type and length of services made available to clients and thereby affect the outcomes of counseling (Tomlinson-Clarke & Cheatman, 1993). Furthermore, use of the archival intake assessments has been suggested to be less artificial than analogue research (Atkinson, 1985) and more ecologically valid (Tomlinson-Clarke & Camilli, 1995). Archival data and intake assessments, in particular, have also been cited as a possible source of useful information for this type of

gender research (Stabb et al., 1997; Tomlinson-Clarke & Camilli, 1995).

Therefore, the current study will use archived intake assessments, written by counselors at a University Counseling Center, to understand counselors' perceptions of real clients. Further, in an effort to understand better how the sexes are perceived as different or alike, the present study will examine the intake assessment of both women and men. This will allow for an understanding of how counselors perceive both sexes.

In addition, there is a growing recognition in psychology that qualitative methods are needed and are appropriate for many types of research questions (e.g., Hoshmand, 1989; Jacob, 1987; Lincoln & Guba, 1985; Patton, 1990; Polkinghorne, 1991; Sprenkle, 1994). This recognition in the field is largely based on the idea that the use of a qualitative approach allows for new conceptualizations and innovative ways to understand and assess the phenomena involved (e.g., Patton, 1990; Polkinghorne, 1991). Therefore, with questions still unanswered, in the counseling literature, as to whether or not counselors' perceptions of clients differ on the basis of gender, and if so, in what ways, a qualitative approach may be well suited to increase our understanding of these questions.

The results of a qualitative study of counselors' perceptions of female and male clients could be helpful not only in detecting possible differences in counselors' perceptions of the genders but also allow a richer understanding of which specific features are more or less important in their perceptions.

As a result of the possible gains of using a qualitative method in this area (e.g., Stabb et al., 1997), the archival intake assessments will be analyzed using the basic principles of grounded theory (Glaser & Strauss, 1967; Strauss, 1987; Strauss & Corbin, 1998). Grounded theory (Glaser & Strauss, 1967; Strauss, 1987; Strauss & Corbin, 1998) may be particularly useful, in this endeavor, as it is especially designed for understanding the complexity of social phenomena (e.g. Lark & Croteau, 1998; Strauss, 1987) such as the task of trying to understand counselors' perceptions of real clients. Grounded theory will be used to answer two questions: (a) how counselors perceive their clients, in general, and (b) and how counselors perceive female and male clients, specifically.

REVIEW OF THE LITERATURE

The literature review is divided into five sections. The first section gives a historical overview of the study of counselors' perceptions of the genders. The second section reports the research that has specifically focused on counselors' perceptions of women. The third section reports the research that has specifically focused on counselors' perceptions of men. The fourth section gives an overview of the process of doing a grounded theory analysis. Finally, the last section gives a brief summary of the research examining counselors' perceptions of women and men in counseling and provides a rationale for the current study.

Historical Overview

Gender has been an important research topic in counseling for the last 30 years (Nelson, 1993). At the core of this literature is the belief that counselors' judgments, behaviors, and treatment strategies may be influenced by the deeply held views that they have about women and men. In fact, initial studies suggested that counselors perceived women and men differently and that

these differences had negative affects for their clients, in particular, women (e.g., Abramowitz, Abramowitz, Jackson, & Gomes, 1973; APA Task Force, 1975). Researchers suggested that the different perceptions of what was proper behavior for women and men led to negative effects for women through the subtle rewarding of women's passive behaviors and punishing of their assertive behaviors (e.g., Chesler, 1972).

One of the most influential studies in the field was conducted by Broverman et al. (1970). Broverman and colleagues (1970) developed a measure to assess counselors' clinical judgments. Their results showed that not only were counselors' perceptions of a healthy woman and a healthy man different but that these judgments were in sex-role stereotypic directions. The Broverman and colleagues' (1970) results spurred a lot of research on this topic which initially supported their findings (e.g., Abramowitz & Abramowitz, 1977; Delk, 1977). For example, Bowman (1982) found that clinicians developed treatment plans that were different for women and men and that showed bias against women acting in ways inconsistent with sex-role stereotypic notions. These findings led researchers to suggested that there is a need for counselors to counterbalance society's

messages about gender, but that they currently do not (Kaplan, 1983).

However, by the 1980s these initial studies were coming under fire by several investigators who claimed that the findings no longer supported the conclusion that counselors' perceptions of women and men were different (e.g., Davidson & Abramowitz, 1980; Whiteley, 1979). In particular, studies did not always confirm that counselors differed in their perceptions of women and men (Oaks, 1984). For example, Farmer (1983) found no differences in counselors' perceptions of women and men. Further, studies such as that conducted by Smith (1980) found that clinicians did not prescribe different treatments to women or men.

In addition, influential studies such as the Broverman et al. (1970) study were starting to be criticized for methodological limitations (e.g., Gove, 1980; Phillips & Gilroy, 1985; Stearns, Penner, & Kimmel, 1980; Stricker, 1977; 1980) such as that it was an analogue study (e.g., Smith, 1980) and that it used an unbalanced ratio of male-valued and female-valued items (e.g., Widiger & Settle, 1987). Other conceptual and methodological problems were also identified in most of the studies that found differences such as (a) overuse of analogue research; (b)

unrepresentative samples; (c) use of different and even inappropriate measures across studies; and (d) covert, political, social, or value agendas that lead to selective reviews of the literature (Barak & Fisher, 1989; Betz & Fitzgerald, 1987; Fisher & Barak, 1989; Lopez et al., 1993; Phillips & Gilroy, 1985).

These concerns continue to generate controversy, research, and contradictory results (Stabb et al., 1997), because despite the problems, most of the studies that have continued to examine these issues have found differences in counselors' perceptions or treatment of women and men (e.g., Nelson, 1993; Nutt, 1992). For example, O'Malley and Richardson (1985) used a modified version of the original Broverman et al. (1970) scale and still found differences in what healthy behaviors were associated with women and men. Other studies also addressing some of the methodological problems of the Broverman et al. (1970) study have found that ratings of what is healthy behavior for a woman and a man differ in sex-role stereotypic directions (e.g., Ciano-Boyce, Turner, & Turner, 1988). Researchers have also shown that individuals who do not conform to these sex-role stereotypes are rated as more pathological than those who do conform (e.g., Fisher, 1989; Sherman, 1980).

Counselors and clinicians have also been found to exhibit diagnostic biases (e.g., Becker & Lamb, 1995; Caplan, 1992; Garb, 1997). For example, Becker, Dana, and Lamb (1994) found that in a case with an equal number of criteria for both borderline personality disorder and post-traumatic stress disorder female clients were more likely to be given the diagnosis of borderline personality disorder and male client the diagnosis of post-traumatic stress disorder. Ford and Widiger (1989), controlling for base rates of the diagnosis, also found that women were more likely to get a diagnosis of histrionic personality disorder and men a diagnosis of antisocial personality disorder. A finding also found by Hamilton, Rothbart, and Dawes, (1986) and Kass, Spitzer, and Williams (1983). Wakefield (1987) also found sex differences in the diagnosis of orgasmic dysfunction.

Still other studies have continued to show differences in the actual treatment of women and men. For example, Kirshner and Johnson (1983) found differences in the criteria used in deciding whether or not a woman or a man should be admitted or discharged from a hospital setting. Stein, Del Gaudio, and Ansley (1976) found that counselors prescribed different medication to women and men in therapy. Hardy and Johnson (1992) also found that female

clients were seen as needing more sessions than male clients dealing with the same issues.

However, the recognition of these issues has not necessarily changed how we train counselors as Twohey (1992) found several instances of gender bias in an analysis of a transcript of a widely used training tape. Consistent with this, when researchers have focused on possible reasons for why differences in counselors' perceptions and judgments exist they have found they are largely based on the counselors' stereotypic beliefs. For example, Garb (1996) showed that, when gender bias occurred in clinicians' judgments, it was because of the clinicians' stereotypes and not because of their paying attention to differences in base rates. Korner and Golberg (1996) also found that differential judgments in regard to gender were affected by the counselors' personal beliefs such as their specific theoretical orientation.

Therefore, while problems in the literature clearly exist, it may, in fact, be the controversial and contradictory results that have continued to spur the research into this area. Most of this research on counselors' perception of women and men in counseling has focused on the concern that they may not be treated fairly (Chesler, 1972; Fabrikant, 1974) and the need for

counselors to understand when and how this happens. This research has not always confirmed the presence of differences in counselors' perceptions of women and men (e.g., Cummings, 1990; Farmer, 1983; Funtowicz & Widiger, 1995; Garb, 1995; Gilbertson, 1992; Widiger & Spitzer, 1991) but reviews of the literature (e.g., Lopez, 1989; Garb, 1996) have generally concluded that these perception differences do exist and have been suggested to lead to misdiagnosis, improper treatment, and even exacerbation of client's problems (e.g., Darley & Gross, 1983).

Perceptions of Women in Counseling

Historically, much of the research examining counselors' perceptions of their clients has focused on counselors' views of women and the impact that negative or stereotypical beliefs have for women (e.g., Gilbert, 1992; Nelson, 1993; Nutt, 1992). Early studies of counselors' perceptions of women suggested that counselors perpetuated negative sex-role stereotypes and devalued women for their attempts to transcend those stereotypes (e.g., Chesler, 1972; Tenno, 1975). For example, several studies (Beyard-Tyler & Haring, 1981; Haring & Beyard-Taylor, 1984; Haring, Beyard-Tyler, & Gray, 1983; Marini & Brinton, 1984) revealed that counselors' views of appropriate career choices for women were sex-role stereotypical and that

counselors' attitudes were a possible barrier for women considering nontraditional career choices.

Early studies also revealed differential treatment of women and men in counseling situations. For example, women received more prescriptions for psychotropic medications and were seen for more therapy sessions than men (Stein et al., 1976). In 1975, the American Psychological Association (APA) Task Force concluded that, despite the advances of feminism, there were still four areas in which women continued to be slighted by the professions of psychology: (a) counselors fostering traditional sex roles; (b) counselors devaluing women; (c) over-reliance on sexist psychoanalytic concepts; and (d) sexual seduction of female clients. Hare-Mustin (1983) suggested that the differences assigned to women reflect the views of society at large. Therefore, as part of the society, counselors may unintentionally convey restrictive notions about women, women's roles, and women's abilities.

Studies, conducted since 1975, continue to indicate that stereotyping, diagnostic and treatment biases, and sexism are prevalent issues (Nelson, 1993; Nutt, 1992). For example, Bowman (1982) demonstrated a counselor bias against "active" women, that is a bias against women who engaged in activities outside of their marital

relationships. Teri (1982) demonstrated that counselors expected females to be more amenable to therapy. In addition, Stabb, Cox, and Harber (1997) suggested that counselors overpathologize women, as they discovered that counselors made more stable and more global attributions to women for any negative relationship event. Lopez (1989) found that counselors ascribe more internality to women's presenting problems, and both Deaux (1976) and Lopez (1989) found that negative events are seen as more stable and internal for women, whereas positive events were seen as less stable and less internal for women.

In sum, although studies do not always confirm that counselors perceive women differently, most of the research examining counselors' perceptions of their clients has found that counselors do view women in less positive ways. Studies have found counselors perceive women as different in relation to the number and types of pathology assigned, the types and likelihood of successful treatment, and what constitutes healthy behavior for a woman. Over the years, these findings have continued to lead researchers to focus on this area of study, in an effort to try to insure that women are not limited or harmed by these beliefs.

Perceptions of Men in Counseling

In contrast to the examination of the impact of counselors' perceptions on women, only recently have counselors' perceptions of men been examined. Initially, counselors' views of men were simply incidental in studies examining women (Beere & King, 1980). However, recently studies are directly assessing men in counseling (e.g., Levant & Pollack, 1995). For example, Lopez (1989) reported that counselors ascribe more situational triggers to men's presenting problems. Ford and Widiger (1989) demonstrated that males are diagnosed with antisocial personality disorder more often than women. Heatherington, Stets, and Mazzarella (1986) demonstrated that counselors rated males worse than females on measures of interpersonal competence and social skills during psychotherapy.

In addition, McPhee (1993) noted that men face a more restrictive, demanding set of mental health standards, and concluded that males are generally judged more severely than females. For example, Flíng and Manosevitz (1972) found that gender-inappropriate behaviors evoked greater concern when exhibited by boys than by girls. Similarly, Costrich, Feinstein, Kidder, Marcek, and Pascal (1975) found that sex-role incongruent men (i.e., men who engaged in behaviors inconsistent with traditionally masculine

roles) were rated as less popular and more in need of psychotherapy. Silverberg (1986) also indicated that sex-role incongruent behaviors are punished more severely for men.

In a direct test of these findings with counselors, Fitzgerald and Cherpas (1985) reported that the counselors-in-training demonstrated negative reactions to a male target who acted nontraditionally. Furthermore, Robertson and Fitzgerald (1990) demonstrated that counselors and therapists, with several years of experience, viewed male clients who deviated from stereotypical male occupational roles as suffering from depression more than men in stereotypical male occupations. Similarly, Seem and Johnson (1998) found that counselors displayed gender biases towards male clients who displayed nontraditional sex-role behavior. O'Neil, Good, and Holmes (1995) in a review of a decade and a half of research, indicated that counselors' negative reactions to men when they diverge from traditional male gender roles may wind up reinforcing these traditional roles and thus limiting men's behavioral repertoires (e.g., Brooks, 1991; Deinhart & Avis, 1994; Margolin et al., 1983).

In sum, studies directly examining counselors views of male clients have focused on whether or not counselors buy

into the view of men as needing to act traditionally masculine. These studies have found that when men diverge from traditional roles they are evaluated more negatively and seen as more pathological than women who diverge from traditional roles. Therefore, similar to the findings for women, researchers have demonstrated that counselors hold traditional views of men that affect how they understand, evaluate, and behave towards their male clients.

Grounded Theory Overview

Grounded theory (Glaser & Strauss, 1967; Strauss, 1987; Strauss & Corbin, 1998) is a qualitative approach to coding a set of transcripts or archival records. It involves repeated reading and categorizing of the data, in order to discover the intricacies of what lies within the data (Strauss, 1987). Because it entails a series of specific methodological steps that force an analyst to hypothesize about specific points in the data (i.e., a word or line) and constantly compare these developing ideas to other instances in the data (i.e., the meaning of other words and lines), the categories that ultimately develop are thought to be grounded in, or based closely on, the data. Further, the developed categories, because of their close link to the data, best represent the complexity of

the social phenomena being examined (Strauss, 1987, Strauss & Corbin, 1998).

The coding process involves a micro-level examination of each point in the data (i.e., a word or a line) for indicators of larger concepts. The analyst then 'codes' these concepts, naming and classifying them according to their possible meanings. The analyst, further, compares these named concepts with other points in the data in order to try to recognize similarities, differences, and degrees of consistency of meaning among the data and the developing concepts. This process of examining similarities, differences, and degrees of consistency ultimately generates uniformity in the concepts, which results in an identified and named category and related dimensions or themes. However, even these categories, once generated, are further compared to the data allowing for them to be changed or modified. Thus, these categories are at first provisional and can be altered as they become more grounded in the data. The coding process continues until the categories and associated themes are sharpened to achieve the best fit of the data (i.e., the reading and modifications continues until no new information is gathered from the data).

Specifically, the coding process happens through three overlapping steps: (1) open coding, (2) axial coding, and (3) selective coding.

Open coding. This initial type of coding is where the data are scrutinized line by line or word by word. The aim is to produce concepts that seem to fit the data by opening up the inquiry and exploring as many possible concepts as one can. Therefore, the emerging concepts are provisional. The concern about the 'true' meaning of a line or about the 'real' motives of the counselor is entirely irrelevant (Strauss, 1987). Whatever is wrong in interpreting the lines and words will eventually be fixed through later steps in the coding (Strauss, 1987). As such, the initial concepts and categories are going to be quite crude and in need of modification.

Axial coding. The second step in the coding process consists of intense analysis, one-at-a-time analysis of the developing categories. This results in increasing knowledge about the particular category and its relationship with the data. This is done by first writing down the known properties or characteristics of the emerging category. Second, by increasingly specifying the incidents in the data that are associated with the category and where they fit and do not fit the generated characteristics of the

category. Further refinement of the category is achieved by continuing to hypothesize about other possible characteristics and properties that may describe the developing category and associated themes in an effort to best represent the data.

Selective coding. The third non-independent step of the coding process allows for a systematic and concerted analysis of a core category or categories. "The other categories become subservient to the key category under focus. To code selectively, then, means that the analyst delimits coding to only those codes that relate to the core category in sufficiently significant ways as to be used in a parsimonious theory" (Strauss, 1987, p. 33). While constantly comparing incidents and concepts, the analyst will generate many categories and related concepts and themes, he or she needs to be alert to the one or two that might be the core (Strauss, 1987). To be a core category the code 1) must be central, that is related to as many other categories and themes as possible 2) must appear frequently in the data 3) should relate easily to other categories and themes 4) should have clear implications for a more general theory 5) should as the details of the core category are worked out, move the theory forward and 6)

should allow for building in the maximum variation to the analysis (Strauss, 1987).

In all, these three steps involve a systematic method for conducting a detailed analysis of a set of written data. It entails repeated close readings of the data while continually comparing what one finds with the data to uncover how the data are linked. As Strauss (1987) put it the process of grounded theory relies on the importance of doing "a detailed, intensive, microscopic examination of the data in order to bring out the amazing complexities of what lies in, behind, and beyond those data" (Strauss, 1987, p. 10).

Summary

In all, studies examining counselors' perceptions of female and male clients have focused on the possibility that these perceptions are influenced by the deeply held views that they have about women and men. The majority of studies in this area suggest that counselors do in fact perceive women and men differently and that these differences had negative affects for their clients. However, studies do not always confirm these results, and the debate continues to be argued on both sides.

The major criticism of the studies finding differences in counselors' perceptions of the genders is the overuse of

analogue studies. The use of analogue studies has relied on the assumption that the judgment processes used by counselor participants in the study are similar to what they would use in a real-life counseling session. However, this assumption may not be valid because counselor participants may be more interested and invested in a real client than in an experimental client (Strohmer & Shivy, 1994). The extent to which a laboratory experiment resembles the actual counseling process is also an important consideration in assessing the relevancy of the findings (Heppner, Kivlighan, & Wampold, 1992). Consequently, these designs may not be applicable to examining gender and counseling issues.

As a result, with questions still unanswered as to whether or not counselors' perceptions of clients differ on the basis of gender, and if so, in what ways, a qualitative approach may be well suited to increase our understanding these questions. The results of a qualitative study of counselors' perceptions of female and male clients could be helpful not only in detecting possible differences in counselors' perceptions of the genders but also allow for a richer understanding of which specific features are more or less important in their perceptions.

Hence, the purpose of this study is to use a qualitative approach to investigate counselors' perceptions of actual clients. The basic principals of Grounded Theory (Glaser & Strauss, 1967; Strauss, 1987; Strauss & Corbin, 1998) will be used to answer two questions: (a) how counselors perceive their clients, in general; and (b) and how counselors perceive female and male clients, specifically. Grounded Theory (Glaser & Strauss, 1967; Strauss, 1987; Strauss & Corbin, 1998) may be particularly useful, in this endeavor, as it is especially designed for understanding the complexity of social phenomena (e.g. Lark & Croteau, 1998; Strauss, 1987) such as the task of trying to understand counselors' perceptions of real clients.

METHODS

Participants

This study used archival data taken from intake assessments written by counselors at a University Counseling Center. A total of 59 intake assessments were randomly sampled from a semester in the university counseling centers closed files. Forty-one of the intake counselors were female and twenty-eight were males. Thirty-six of the intake assessments were written about female clients and twenty-three of the intake assessments were written about male clients. No additional demographic data were collected in an effort to protect the client's confidentiality.

Researchers

Qualitative researchers are the primary instrument of data analysis (Lark & Croteau, 1998). As a result it is important for them to have "theoretical sensitivity" (Strauss & Corbin, 1998) which involves the researcher having the "attributes of insight, the ability to give meaning to the data, and the capacity to . . . separate

what is pertinent from that which isn't" (p. 41). Strauss and Corbin (1998) suggested that "theoretical sensitivity" is developed through personal experience, professional experience, and familiarity with the literature. My personal and professional experience with gender issues is as a 28-year old Caucasian, male. I am currently working on my doctorate in counseling psychology and this research is my doctoral dissertation. My familiarity with the literature is based on publishing three papers on the topic and currently collaborating on a literature review of gender and counseling issues.

Lark and Croteau (1998) also suggest it is important to declare preexisting assumptions if one is to be able to use one's experiences and knowledge to develop "theoretical sensitivity." Prior to data analysis, I thought that counselors would attempt to be gender neutral in their perceptions of women and men but that socialized views would emerge in stereotypical or traditional gender-role directions.

Procedure

A counseling center staff member collected and edited the intake assessments so that all identifying information was removed prior to being seen by the researchers. The archival records used in this investigation were only seen

by this counseling center staff member, the principal investigator, and his supervisor. All data were kept within the counseling center.

To help ensure that the counselors' perceptions of female and male clients were not confounded by the gender of the client, the female and male intake assessments were coded separately. In addition, while most intake assessments could not be distinguished between female and male intakes (i.e., with the identifying information removed), it was possible after reading several cases to detect female intakes from male intakes. As a result, before coding began a third group of intake assessments were separated from the female and male intakes. In this group it was impossible to detect the clients' gender on any of the intakes. This third group allowed for the principal investigator to examine for possible biases in the coding process by comparing the results of this third group with the other two. These three groups (female intakes, $n = 36$; and male intakes, $n = 19$; unknown intakes, $n = 15$) were separately coded.

Analysis

The intake assessments were analyzed according to the basic principles of grounded theory (Glaser & Strauss, 1967; Strauss, 1987; Strauss & Corbin, 1998). The process

of grounded theory (Glaser & Strauss, 1967; Strauss, 1987; Strauss & Corbin, 1998) relies on the importance of doing a detailed, intensive, microscopic examination of the data in order to bring out the complexities of what lies within. This involves repeated reading and coding of the assessments "to discover theory from data through the general method of constant comparison" (p. 1). Specifically, the coding process happens through three overlapping steps: (1) open coding; (2) axial coding; and (3) selective coding.

Open Coding. This initial step in the coding process was conducted by the principal investigator through a close scrutinizing of the data, word by word and line by line, to produce concepts, hypothesis, and ideas that seem to fit the data. Each word in the data was written down and possible meanings, hypotheses, and concepts were written down next to the word. These concepts were tentative with "the aim of the coding [at this point] to open up the inquiry" (Strauss, 1987, p. 28) and to generate as many ideas as possible. An example of this procedure is the use of the words "is warm." These words were hypothesized to represent the counselors' liking of the client and an ability to connect with him/her. In addition, the words may show a desire, by the counselor, to express positive

characteristics about this client. Building on these ideas this counselor then said this client has "a variety of interests." This description seems to continue the positive description of the client. It also may express some of the strengths of this client. S/he does not just have one side to her/his personality. In both of these cases, the counselor may be describing characteristics that will help the client have a positive outcome to therapy (see Appendix A for examples of this open coding procedure).

Most important at this point in the coding is the generation of hypotheses, the concern "about the 'true' meaning of a line -- or about the 'real' motives of the [counselor] . . . lying behind the scrutinized line . . . is entirely irrelevant" (Strauss, 1987, p. 28). Whatever is wrong in interpreting the lines and words is eventually fixed during the later steps in the coding process (Strauss, 1987). As such, the initial concepts and categories are quite crude and in need of modification.

Axial coding. As open coding continues consistent themes or categories emerge. The second step in the coding process consisted of a further and more intense one-at-a-time examination of these developing categories. This results in greater knowledge about each of the categories and its relationships with other categories and themes.

This was done, by continuing to compare the emerging category with each incident in the data and further hypothesizing about and increasingly specifying the characteristics and properties associated with the appearance of the category (Strauss, 1987). With one category in mind the word(s) and related concepts written down during open coding were reread with the purpose of better understanding and altering the category to fit what is actually present in the data. These emerging categories were written down on note cards with examples from the data of the words that represented them. These examples from the data reflected the different characteristics and dimensions of the category.

This process led to preliminary descriptions of the main categories and how they are related to the data. For example, the category described in open coding of the counselors' desire to express positive characteristics about their clients was modified to reflect the fact that the counselors also described negative characteristics about their clients (i.e., trust lacking, awkward, guarded). Therefore, the broader category may reflect the counselors desire to report on the characteristics that will help or hinder the building of rapport and/or the outcome of therapy and these can be either positive or

negative characteristics (see Appendix B for examples of the categories developed during axial coding).

In addition, to help lessen the possibility of bias in this coding procedure, independent descriptions of portions of the data were developed by a peer reviewer and compared with those developed by the principal investigator. Changes and new possibilities were combined with the preliminary descriptions of the principal investigator based on this peer audit (Lark & Croteau, 1998). In this way, the categories were continually refined, through comparison with the data and peer review, until no new information emerged.

Selective coding. The third, non-independent step, in the coding process consisted of a systematic and concerted analysis of 'core categories.' "The analyst should consciously look for a core variable when coding data. While constantly comparing incidents and concepts, he or she will generate many codes, being alert to the one or two that might be the core" (Strauss, 1987, pp. 33-35). During the process of developing categories, linkages between them will become apparent. The goal of selective coding is to directly compare possible connections between the categories in order to develop a core category that best accounts for these connections.

This process was conducted by selectively comparing a category and its characteristics and dimensions, written down on the note cards, with every other category and its characteristics and dimensions. For example, the category previously described, under open and axial coding, of the counselors' descriptions of the positive and negative characteristics of a client, seemed to be related to another developing category that included the counselors' descriptions of clients' behaviors that were positively or negatively impacting on his/her current functioning. Therefore, at this point in the coding process, a tentative larger category was postulated, that included both categories. This new larger category was, then, compared with other categories to try to understand if it could further describe other linkages between the categories. The building of larger categories that best organized and described the linkages between categories led to two consistent core categories.

RESULTS

The three groups of intakes (female intakes, male intakes, and unknown intakes) were each analyzed, separately, according the basic principles of grounded theory (Glaser & Strauss, 1967; Strauss, 1987; Strauss & Corbin, 1998). Overall, across the three groups, there was remarkable consistency in the intake counselors' descriptions of their clients. In particular, two consistent core categories emerged that best organized and described the results for each of the groups: (a) the intake counselors' attempts to describe their clients and (b) the intake counselors' descriptions of what counseling, or the counseling relationship, is like.

The two core categories were comprised several related categories or themes that were also consistent across the three groups. In particular, the intake counselors' attempts to describe their clients included five consistent themes: (a) the characteristics of a client that will increase/decrease the likelihood of a positive outcome to therapy; (b) the issues the client is dealing with; (c) the

degree of social support the client receives; (d) the client's feelings and experiences; and (e) the client's behaviors that are currently helping or impeding his/her growth. The intake counselors' descriptions of what counseling or the counseling relationship is like included three consistent themes: (a) therapy entailing both a professional and therapeutic relationship; (b) a need to help the client change and grow; and (c) a need to discover the truth.

Therefore, because of the large overlap between the groups, in the first section below, the intake counselor's perceptions of their clients across the three groups, will be reported together. Specifically, the two core categories and their associated themes will be described. In the second section, in order to better understand the counselors' perceptions of female and male clients, specifically, these two groups will be compared and the differences found between the counselors' descriptions of female and male intakes will be reported.

Counselors' Perceptions of Their Clients

Two consistent core categories emerged that best organized and described the results in each of the three groups examined: (a) the intake counselors' attempts to describe their clients and (b) the intake counselors'

descriptions of what counseling, or the counseling relationship, is like.

The intake counselors' attempts to describe their clients. Five main themes emerged that were related to the counselors' attempts to describe their clients. The first main theme that emerged was descriptions of the characteristics of a client that will increase/decrease the likelihood of a positive outcome to therapy. This theme can be identified in the counselors' statements such as "will be a great client" and "conducive candidate for therapy." Additionally, the most predominant feature of this theme is the counselors' descriptions of client characteristics that would help or positively impact therapy (e.g., "verbal," "open," "talkative," "bright," "motivated to seek help," "likable," "insightful," "excited about change," "ready to talk about themselves," "forthright," "animated," and "responds readily to questions") and client characteristics that would interfere with or negatively impact therapy (e.g., "resistant to processing," "not interested in change," "limited insight," "awkward," "challenging," "guarded," "reserved," "did not elaborate on responses," "did not answer questions," "reluctant to get into issues," "evasive," "hesitant," "gives mixed messages," "minimal information given"). In all, positive characteristics were

those that showed a willingness to change and/or a willingness to be open and truthful. Negative characteristics were those that showed no willingness to be open or no willingness, on the part of client, to exploring themselves.

A second main theme that emerged from the data was the counselors' description of the issues that their clients are experiencing. Counselors almost always stated the focal issue(s) and how they impact the client's current functioning. Common issues were relationships, loss, developmental, identity, family of origin, eating, adjustment, math/school, and self-esteem issues. Counselors also reported possible causes (e.g., "family dysfunction," "lack of support," "expectations/pressure," "learned messages," "traumatic history," and "medication") of the client's issues as well as the consequences of the issue on the client (e.g., "unhappiness," "low self-confidence," "worry," "anxiety," and "depression"). Furthermore, counselors reported the severity and degree of disturbance to the client's functioning. When warranted, the counselors did note the presence of psychopathology but they usually tried to downplay such statements with qualifiers and to refer the client to a psychiatrist for any official diagnosis of psychopathology.

Following this tone of qualifying severe issues, the counselors mostly saw the issues the clients were dealing with as normal or developmental issues that were hard for the client to face (e.g., "conflicts," "struggles," "things they were wrestling with," or "fighting with"). These issues were often described as roadblocks that limited the client's current functioning, but that were treatable (e.g., "can be helped"). The counselors did, however, often view the issues as having come from "longer-existing" problems that had been "exacerbated by current issues." For example, some counselors said statements like "chronic struggles," "exacerbated by current situation," "pattern has continued," "routed in early development," "brought to the fore by current situation," and "enduring circumstances which may have been exacerbated by being in a new environment."

A third main theme that emerged from the data was the counselors' description of the client's social support system. Counselors noted the importance of clients having others with whom they can talk to and depend on. For example the counselors made statements like: "misses having someone to talk to," "receiving support from friends," and "isolated from social support." The counselors noted that a lack of social support can lead to increased problems

through statements like: "lack of social support exacerbates problems" and "erode if does not find relief from isolation." They also implied the clients should take advantage of their support system and reported the likelihood that a client will use his/her support system. Statement supporting this idea were: "[the client] actively uses," "[the client] refrains from using," and "[the client has social support] but unwilling to use in times of distress."

A fourth main theme that emerged from the data was the counselors' descriptions of their client's feelings and experiences. Counselors reported the degree of affect expressed, as well as noting specific emotions the client expressed (e.g., "anxious," "worried," "sad," "guilt," "anger," "excitement," "unhappiness," "embarrassed," "lonely," "disappointed," "upset"). In reporting the degree of affect counselors would notice when the clients held back emotion and when they expressed it. For example, they would write "affect was fairly broad," "depth of emotion and feeling," "did not display much affect," and "flattened affect." In noticing the degree of emotional expression the counselors also seemed to imply that the clients should express a certain amount of emotion or that being open about their feelings was good. For example, the counselors

made statements like "appropriate affect," "should be a range of affect," and "appropriate to content."

Finally, the fifth main theme that emerged from the data was the counselors' description of their client's behaviors that were helping him/her cope with his/her situation or impeding his/her growth. These statements appeared to be attempts to describe how the client tries to deal with his/her situation and whether or not his/her attempts are successful or not. Descriptions of the client's successful attempts were often written as client strengths such as "capacity to handle stress," "excellent social skills," "a survivor," "good ego strength," "mature," and "smart." In turn, examples of statements of how the client hinders his/her growth were "overly high expectations of self," "self-critical," "not trying," "ambivalence about putting forth effort," "hides problem," "trouble engaging other," and "learned to settle for less." Interestingly, this distinction set up an implied distinction between the appropriateness or inappropriateness of the client's behaviors. Some counselors even made direct evaluative statements about the client's behaviors such as "good," "bad," "right," "wrong," "appropriate," or "inappropriate." Some also suggested appropriateness through statements such as "the client

should be doing," "the client will have to," or "the client is on right track."

The intake counselors' descriptions of what counseling, or the counseling relationship, is like. There were three main themes that emerged that relate to the counselors' descriptions of what counseling or the counseling relationship is like. The first main theme was that therapy entails both a professional and therapeutic relationship. This combination of these two ideas suggested that the counselor and client needed to be close but not too close (e.g., "their needed to be some distance", "some limits on the relationship").

The professional part of the relationship could be seen in the counselors' formality in their statements (e.g., use of the word client as opposed to a name or initials), in their statements about the rules, limits, or facts of counseling (e.g., "closed folder," "scheduled," "referred to," "signed release," "was informed," "will put on wait-list"), in their stating the client's desires (e.g., "client wants," "interested in continuing," "mutually desire," "a preference for"), and in their stating their recommendations for the client (e.g., "suggest," "recommend," "would benefit from," "could especially profit from," "was advised"). These different

types of statements all reflected the counselors' desire to keep some objectivity and to be able to have the focus of the interaction be always on the client.

In turn, the therapeutic part of the relationship could be seen in the counselors' descriptions of the need to establish rapport (e.g., "connected well with client," "established open relationship," "need a counseling relationship," "desires to have a relationship," "to facilitate a consistent and trusting relationship"), in the need to have the client's agreement to the process (e.g., "client agreed to participate," "need their cooperation," "need to be hooked into therapy," "client contracted"), in the need to support the client (e.g., "need comfort," "receive positive social support," "as felt supported"), and in recognizing that forming the relationship between the counselor and client is not always an easy process (e.g., "relationship may not always be easy," "some tension," "anxiety," "nervousness," "became more comfortable as session progressed"). Sometimes these statements about the difficulty of forming a relationship did not directly refer to the relationship, but instead focused on how difficult it was to just "come to the center and ask for help." However, in all, these statements reflected the counselors' beliefs that effective therapy

was dependent on being able to move past the initial discomfort and build a trusting, supportive, open, and cooperative relationship with the client.

The second main theme that emerged was the counselors' desire to help the client change and grow. This growth entailed a need for the client to gain insight, a need to empower the client, and a need to help the client work through any ambivalence. The need for insight can be seen in such statements as "gain insight," "explore feelings and dynamics," "had some insight into," "not aware," and "gain some understanding." The need to empower the client can be seen in such examples as "increasing sense of autonomy," "provided support for taking big steps," "learn to set goals," and "give support for whatever decisions makes." Finally, the need to help the client work through any ambivalent feelings they have towards change can be seen through the counselors' use of statements such as "need to work through ambivalence," "draw-out so can self-disclose," "need to keep client on track," and "work through barriers to further growth."

These three ideas, namely a need for the client to gain insight, a need to empower the client, and a need to help the client work through any ambivalence, all reflect the counselors' desire to help their clients grow and

develop in positive directions. They also portray the notion that they see this growth as at least partly dependent on their "helping," "teaching," "directing," or "facilitating" this development. Building on this idea, the counselors also refer to their needing to possess the ability and experience to help or work with the client effectively. For example, the counselors reported a need to "be comfortable with the issues" the client is facing, and that at times it can "be hard for the counselor," or even that the "counselor was unable" to meet the clients needs.

Finally, the third main theme that emerged was the counselors' implied statements that one important feature of counseling is the need to look for what is hidden or what is not said. For example the counselors would write statements such as "hard to pin down," "more information needs to be gathered to ascertain whether or not the client has," "beneath the surface," "if in fact," and "could be." In addition, the counselors would rarely say that something was for sure one way or another. Instead they would often use qualifiers such as "appears to be," "may be," "although not sure," "seems to be," "tended to be," "probably," "I question," and "could be." Furthermore the counselors would distinguish between what they had seen in session (e.g., "manner of presentation," "readily apparent," "during

intake") and what the client reports to be true but the counselor has not seen to verify (e.g., "client says," "client claims," "client indicated that," "reportedly"). These statements all suggest that counselors need to uncover the real reason why the client is coming to therapy. The truth may not be expressed right away and the counselor may be "surprised" or something "unexpected" may happen.

Perceptions of Female and Male Clients

In order to understand the counselors' perceptions of female and male clients, the descriptions of these two groups were compared. First and foremost, it was clear that the counselors' perceptions were for the most part similar for their female and male clients. While a few differences emerged from the descriptions, these differences were more a matter of degree than kind. No category or theme emerged from the counselors' data that described one gender but not the other gender. Instead, what differed was the degree of emphasis, attention, or amount of time spent describing certain aspects for female vs. male clients. However overall, the intake interviews revealed very similar categories and themes for women and men. In this section, the differences in emphasis between the genders will be described.

Differences. Two themes emerged for the female clients and two themes emerged for the male clients that were not as strongly emphasized for the other gender. For the female clients the themes of "vulnerability" and "paying attention to how much the client asserts [herself] " were more pronounced than for the male clients. For the male clients the themes of "being stuck" and "paying attention to how much the client is connected to others" were more pronounced than for female clients.

The theme of vulnerability can be seen in the increased number of words used to describe the female clients such as "feeling overwhelmed," "desperate," "hurt," "feeling inferior," "insecure," "premature," "need a safe place," "self as vulnerable," and "feels vulnerable." In addition, some counselors implied ideas such as the female client were "younger" and thus needed to be taken care of. In turn, the male clients were more often described as being stuck or not having the ability to change things. Examples of this idea were "if doesn't learn may not continue," and "[he is] stuck because [he has] not learned to." This idea can also be seen in examples of male clients' need to keep control of themselves: "something had under control," "balance lifestyle with emotions under control," and "not be okay to let it go." Taken together,

these two themes seem to suggest that there was a tendency to see female clients as emotionally vulnerable and needing help, while seeing male clients as deficient in ability or self-control and needing to learn how to handle the situation.

The theme of paying attention to how much the client asserts herself can first be seen in the counselors' tendency to use words that described female clients as being unassertive (e.g., "passivity," "dependent," "reluctant," "denial," "avoidance"). The theme can also be seen in the counselors noticing of how comfortable the female client was in asserting her needs in the counseling session. This idea can be seen in examples such as "felt uncomfortable and unsure," "pacing will be important," "became more comfortable as the session progressed," and "hesitance."

Finally, the theme of paying attention to how much the male clients are able to connect to others can be seen in the counselors' use of the word "difficulty" in describing the social skills of male clients. The counselors used the difficulty 17 times to describe male clients and only twice to describe female clients. Examples of the counselors' use of the word difficulty include "difficulty to contain anger," "rapport was difficult," "has difficulty engaging

others socially," "difficulty putting words together to express self," "difficulty speaking," and "difficulty in interpersonally relating." Furthermore, the counselors spent a lot more time writing about whether or not they were able to establish a therapeutic relationship with their male clients than their female clients (e.g., "difficult to establish contact," "it is unlikely will engage in therapeutic relationship," "will likely engage," and "rapport developed quickly").

DISCUSSION

The current study investigated two questions: (a) how counselors perceive their clients, in general, and (b) and how counselors perceive female and male clients, specifically. In examining the first question the results of the study showed that, overall, there was remarkable consistency in the ways that the intake counselors described their clients. Specifically, the intake counselors consistently described their clients' presenting concerns, how the clients are coping with these concerns, the clients' willingness to be open about their experience and emotions, the clients' degree of psychopathology, the clients' social supports, and the feelings expressed by the clients. Intake counselors also consistently described the characteristics of the counseling relationship, their desire to help the client grow, and the need to keep looking for what is important to work on in therapy.

In describing the above characteristics of the client and of the counseling relationship the counselors' tended to view the client's concerns as changeable and tended to not want to label or diagnose the client. Further, in

describing the characteristics of the relationship between the counselor and the client they expressed a strong need to develop rapport, to maintain a professional relationship, and to work with the client. The counselors' descriptions of the client and the relationship also showed their ideas about what characteristics are beneficial for therapy such as having client's who are verbal, interested in change, open about themselves, willing to express their emotion, and willing to use their social support networks.

These findings are interesting in that they suggest that counselors learn shared ideas about what to look for, what to write about, and what types of clients are likely to have the most growth in therapy. However, while this is probably a natural phenomena, and for the most part, beneficial to the counselors and their clients, it also leaves a question as to how clients who does not fit the "ideal client" expectation are reacted to in the session. The results of this study can not ascertain if these perceptions lead to any changes in behavior but future research may want to examine this question as studies have already shown (i.e., Robertson & Fitzgerald, 1990) that clients who do not fit counselors' expectations are seen as more pathological.

In examining the second question of how counselors' perceive women and men, the intake counselors described women and men similarly in all of the above situations. For example, they described women and men similarly in regard to severity of issues, types of issues, willingness to change, and their desire to help. These findings support the recent work of researchers such as Keutzer, Morrill, Holmes, Sherman, Davenport, Tistadt, Francisco, and Murphy (1998) who found that counselors at counseling centers report no differences in pathology for women and men. However, despite these similarities in the intake counselors' descriptions of women and men, two themes emerged for each gender that were not as strongly emphasized for the other gender. For example, the themes of "vulnerability" and "paying attention to how much the client asserts [themselves]" were more pronounced for female clients than for the male clients. Additionally, the themes of "being stuck" and "paying attention to how much the client is connected to others" were more pronounced for the male clients than for female clients.

Interestingly, these differences in the intake counselors' descriptions seemed to occur in traditional gender-role directions. For example, the idea of vulnerability is similar to findings that counseling and

reassurance are seen as more appropriate for females (e.g., Wilcox & Forrest, 1992). The focus on men's connectedness is consistent with the widely held belief among counselors that male counseling clients usually need to work on expressing their emotions, whereas female clients usually do not (e.g., Heatherington, Stets, & Mazzarella, 1986). Also, Robinson and Johnson (1997) found that individuals tended to rate women as being "emotional" (i.e., vulnerable) whereas they rated men as being "stressed" (i.e., stuck). Therefore, while these differences also reflect the counselors' desire to help the client (i.e., asserting self, building connections), this help seems to be, at least partly, based on traditional gender-roles.

These results may help explain many of the contradictory findings of previous studies examining possible differences in counselors' perceptions of the genders. The large majority of the counselors' perceptions in this study were similar for women and men. However, it seems that even counselors, who mostly saw their clients in similar ways, can still, possibly unintentionally, accept certain traditional gender stereotypes of how women and men should act. This suggests that most counselors attempt to see female and male clients as similar. However, subtle

differences may be found when deeply held societal notions about how women and men should behave are tapped.

It should be mentioned, that just because gender differences were found in this study, does not prove that counselors are actually biased against women or men (Barak & Fisher, 1989). The gender differences present in the counselors' intake reports may reflect real differences in the presentations of the clients. However, by reporting these differences as their own perceptions of the client the counselors were showing a level of acceptance of these stereotypical ideas, particularly since they did not appear to try to conceptualize the clients differently. This acceptance of the stereotypical notions of women and men could reduce the number and variety of counseling options provided (i.e., only emotional expression for women and only behavioral change for men). Therefore, regardless of whether the counselors were simply accepting clients traditional gender roles or directly biased in their understanding of clients' behaviors, it seems likely that counselors were unintentionally reinforcing the status quo (Chesler, 1972) and limiting, rather than expanding, the range of behavior available to their clients (Shields, 1995).

This may be happening in counseling, because, although, counselors are likely to be knowledgeable about counseling dynamics, their graduate training programs have tended to ignore gender issues (Scher & Good, 1990; Van Buren, 1992). There is also a tendency to avoid dealing with gender issues, in general (Hochschild, 1989; Hood, 1983; Whitbourne & Ebmeyer, 1990; Zvonkovic, Greaves, Schmeige, & Hall, 1996), and their impact on counseling, specifically (Knudson-Martin, 1997, Margolin, Talovic, Fernandez, & Onorato, 1983). As a result, the possible limiting of clients' behaviors may happen as counselors' gender-based patterns of perceiving women and men, so ingrained in them by social development (e.g., Stevens-Smith, 1995), remain largely unidentified and therefore unchallenged (Stabb, Cox, & Harber, 1997). These unchallenged gender stereotypes may lead counselors to unintentionally accept restrictive notions about the appropriate behavior of women and men (Hare-Mustin, 1983).

Counseling that takes gender into account needs to facilitate the development of clients' potentials regardless of gender (Van Buren, 1992). Counselors may also need to increase the range of affective and behavioral responses that they consider healthy and appropriate for each of the genders. These responses should reflect the

wide range of affective and behavioral variability that women and men can demonstrate, rather than reflecting stereotypes or traditional gender-roles. Furthermore, in order to avoid biases during the process of gathering data and formulating hypotheses regarding a client, Morrow and Diedan (1992) suggest that counselors should (a) consider alternative hypotheses; (b) check with the client regarding these hypotheses; (c) challenge themselves to examine both confirmatory and disconfirmatory information; and (d) accept that their initial hypotheses may be inaccurate.

A strength of this investigation was the use of a grounded theory approach (Glaser & Strauss, 1967; Strauss, 1987; Strauss & Corbin, 1998). The use of a qualitative approach allowed for a more specific understanding of how counselors perceive real clients. In particular, how counselors who appeared to desire to see female and male counselors similarly, might unintentionally perceive women and men in traditional or gender stereotypical ways. In addition, grounded theory (Glaser & Strauss, 1967; Strauss, 1987; Strauss & Corbin, 1998) was particularly useful, in this endeavor, because it allowed for the complexity present in trying to understand counselors' perceptions of real clients to be present while still being able to detect subtle differences in the counselors' descriptions.

Another strength of this investigation was the use of the archival intake assessments. Intake assessments have been suggested to be more ecologically valid (Atkinson, 1985; Tomlinson-Clarke & Camilli, 1995) and a source of useful information for this type of gender research (Stabb et al., 1997; Tomlinson-Clarke & Camilli, 1995). A further strength of this investigation was the examination of the intake assessments of both women and men as well as a group of intake assessments where the sex of the client was not known. Examination of these three groups allowed for a better understanding of how counselors perceive clients of both sexes.

A possible limitation of this study is the potential for bias in the coding process. However, this potential limitation was reduced in a number of ways including (a) Removing of overt gender cues (i.e., he and she) from the transcripts; (b) The use of peer reviews; (c) The use of a third intake group where gender could not be detected in any of the intakes; (d) The stating of the authors biases prior to data analysis; and (e) The general procedure of grounded theory where possible biases in how one interprets the data are lessened through directly examining how one interprets the data and asking questions that help remove bias through the subsequent steps in the procedure. Neither

the peer review nor the third intake group revealed bias in how the researcher evaluated the groups.

Future research is needed to replicate these results and to evaluate possible counselor variables that may effects the counselors' perceptions such as the knowledge level of counselors regarding gender issues. The current state of research also leaves unanswered the questions of whether education level, age, or the amount of client experience moderates counselors' perceptions of their clients. Future research should identify whether these and other individual difference variables; such as race, ethnic background, religious beliefs, and sexual orientation moderate subscription to, as well as the expression and impact of, counselors' perceptions. Furthermore, for those counselors who do perceive women and men differently, what method would be the most effective in changing these beliefs? For example, Orcutt and Walsh (1983) have demonstrated that merely by pointing out to counselors their gender-linked beliefs helped them label and reduce those biased views during counseling. Moving beyond this work, are there methods that facilitate these changes completely, for a longer duration, and with greater influence on subsequent behavior.

In all, the results of this study support the idea that most counselors seem to perceive female and male clients similarly, but that gender still is an important element in counseling, that can affect the dynamics of the counseling relationship and process (i.e., Howard, 1986; Lewis, 1989; Robertson & Fitzgerald, 1990). Therefore, we agree with Gilbert (1992) who wrote: "[Counselors] need to evaluate [their] own attitudes, values, and behaviors with regard to women and men . . . to go beyond personal values and to become familiar with the rich body of literature on gender that has accumulated over last 20 years" (p. 407). It is only by challenging our own assumptions, stereotypes, values, and beliefs about our clients and using the knowledge we have gained through research about clients and about women and men that we will be able to continue to develop as non-sexist counselors.

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APPENDIX A
Examples Of Open Coding

Counselor's Word(s)

Open Coding Hypothesizes

client

counseling term
as opposed to patient
yet professional (i.e.,
they didn't use their name)
setting up the type of
relationship

was verbal

talkative
good client characteristic?
as opposed to untalkative

and spoke openly

good client characteristic?
open as opposed to closed
telling truth about
themselves
not hiding, out in the open
description of what did
easy to see them
open door (metaphor) -
inviting us in - showing us
around

about feelings

what open about (qualifier)
good client characteristic?
showing us important stuff
not resistant
noticing feeling as
important

cried

description of behavior
openness to showing self
sadness expression
noticing feeling as
important

ending of relationship

what sad about
what talking about
ending-something that is
happening-over
as opposed to finishing not
good
no accomplishment just ends
relationship is important

client is experiencing

again formal
what they are going through
right now what dealing
with, what feeling

relationship, developmental
identities, adjustment, and
self-esteem issues

things they are dealing
with
the issues as opposed to
problems that they need
help in counseling with
issues not as severe as
problems
not sick just developmental
issues
probably just need support

having been at school for
several weeks now seems to
have quelled some

qualifier, again issues not
as bad, gotten some support
quelled-quieted, things
settling down, going
through a turbulent time

of the depressed
(isolated/out of place
feelings)

naming feelings
needs several to describe
the person-a lot going on
again though-needs support
as isolated and out of
place
needs to feel like fit in

was experiencing

what has been going on
ownership this stuff is the
clients
powerful quality-this is
happening to them

has one close friend here and the support of family	support network need close people importance of friends and family to get them through
I	first acknowledgement of what they think as opposed to description
recommend	what I think will help suggestion not a mandate
ST (8-10 sessions)	how long- not long term this can be helpful
individual therapy	as opposed to group one on one best
advanced prac student	not serious case can be handled by prac student
from a supportive and insight-oriented perspective	type of treatment needs support and insight as opposed to behavioral training or drugs this is developmental issue
should be contacted by letter only	official notification of how to contact
client	official relationship counseling terminology
is especially	more so than normal they are different in good way
easy to relate to	good client characteristic easy to understand to get to know to communicate with easy to have a relationship with

is warm	like them, good, positive characteristic friendly
a variety of interests	positive description healthy description variety-not just one site to the personality personable
establishing	need to start, build this core condition
a counseling relationship	official relationship for their benefit
is not challenging	some clients are not easy to help them having a relationship
client is	official term
confused	describes state of mind Unsure, doesn't make sense Cloudy muddles Can't think straight
about marriage	identifies what confused about relationship important
trust is lacking	more specific about problem with marriage lacking-don't have should have but don't
is even	situation is even worse
somewhat	qualifier
worried	identifies feeling
that ... will find someone else	identifies what worried about in relationship i.e. why trust is lacking

despite	story behind- find out more as you read on even though, should not be the case but
client's excellent social skills	positive characteristic should be an asset however excellent-very strong, admiration of
has not found	despite asset they don't have
appropriate	healthy, beneficial, useful pejorative appropriate vs. inappropriate as if there is right/correct group
peer group	should have friends own age
and desires	wants, needs the clients wishes
a close	friend, lover? companion someone they can trust someone who won't leave
reciprocal	two way street friendship is returned metaphor send letter and then person sends letter back
friendship	pen pals, needs of both are met
with a	with a specific person
recommendation	suggestion for help
is for short term (7-8 sessions)	can help, not long-term problem
of individual counseling	one on one

has never been to counseling	statement of clients experience identifying some possible difficulties for how they will do in therapy
and felt	focusing on feeling
somewhat	qualifier, this could be worked past but is present
awkward	identifying feeling strange, new situation some uncomfortableness that needs to be addressed
coming	what awkward about being in therapy
although	qualifier, even though awkward still may be a good client
is very ready to tell	good client characteristic very ready- all set to, prepared to tell-to talk about themselves
story	describe their life narration need to describe self to counselor tell what happening counselor follows along- like reader waiting to see what happens client is an author they spin the tale
and deal	metaphor- ready to put cards on the table take a chance on what cards you get
deal with	handle, something is going to be hard but wants to handle it

problems	as opposed to issues more serious case more than one problem
is bright, verbal, and insightful	positive, good client characteristics
was teary briefly	noticing emotion client holding back sadness
and apologetic about it	client wants to hold back sadness feels it may be inappropriate to express it
as well as angry with self, saying "I hate crying."	inappropriate so must control angry when loses control counselor identifies feelings as uses client statement as example
overall good rapport	positive reports characteristic for good client
showed an appropriate	as if there is right or wrong way as if might not have expressed themselves like this
range of emotion	focus on feeling need to fully express self not hold back
clear thought processes	report on client characteristics assessment of functioning diagnosis not needed
very motivated to seek help	good client characteristic desire a change, want help

is caught	captured, held against one's will, trapped metaphor caught red handed found out
in a conflict	war, battle, engagement they are fighting, struggling
between the values instilled	put into them infused, part of him now
from Filipino background and expressive	Filipino experiences and history are what instilled them how became part of him
and the American value system	other side of the conflict opposing values
that prizes	win, reward, what should try to get
personal happiness	personal gain over family? Other side seen as sadness?
although	qualifier, don't really believe them
states value preference	client say they believe something preference - desire, wish states - say it but may not believe it, like something
his unhappiness	focus on feeling statement
with the sequalae	doesn't like the consequences
willing to seek it out seek-look for it, go get it, may be hidden	of choice or expectations of self

as tries	attempts to but may not achieve
to fulfill obligations	doesn't really seem to feel like has a choice must fulfill obligations
frequently	a lot, persistent
worries	identifies emotion
and is self-critical	beats self up puts self down these are self-inflicted wounds
yielding	causing metaphor yield sign-can go but slowly must look out for oncoming traffic good thoughts may give way to self-critical
low self-esteem and guilt	feeling focus result if worry and self critical
has been a remarkable survivor	survivor of the conflict been difficult positives
and has good ego strength	positive client characteristics
ST	can be dealt with
interested in different perspective	desires a change wants to hear different thing
prefers to start ASAP	stating clients preference Eagerness

one follow up session scheduled	some things need direct attention, can't wait
consider group counseling for continuing support	needs support over long term as well
good interaction	positive client characteristics
client	counseling relationship
says is shy	reporting what say may have trouble interacting with others - opening up
but	qualifier
does well one on one	When client does well
affect was	Focusing on feeling
somewhat	qualifier, not totally could be worked through
quarreled	defensive, holding back characteristic that may hinder therapy
client	professional relationship
has grown	was not always like this, changed became bigger over time
to hate math	identification of feeling and the problem
defends self by stereotyping math and mathematicians as dull and boring...who needs it?	Not good at math so protect view of self by seeing math as the problem-what client is doing
expects to make a C	Belief, assumes States what client believes

excellent	good client characteristic
client	professional relationship
had good insights	good client characteristics willing to look inside self try to understand self
and showed	presented, put forth let part of themselves be seen
some	qualifier
excitement	focus on feeling energized
about being able	excited about change gaining power/control
to reframe	to think about differently metaphor-reframing picture make look better/newer, refinish
"the problem"	problem not issue, client's words?
client	professional relationship
considers	Metaphor-consider an offer weigh pros and cons
ability to be very good	What client thinks about himself ability-can do something
I	reference to self
question	not sure about ask a question-would like more detail about

that...really believes that	client could be holding back may not be telling the truth may be trying to portray self in a way they don't really believe
does not think	saying what the truth is saying what think client really means
has a mathematic mind	statement of what true belief refers to
seems to	this is how it appears but it could be different not sure of how it is
cope	interest in how well the client is dealing with problem to cope(v.)-action of behavior in response to something/issue
with not believing...is excellent in math	naming the issue
by saying	how copes-identifying the behavior
doesn't enjoy it and that it has little or no perceived usefulness	more specifics of what says to cope, identifying what want to change in therapy has limited
thinks about	identifying consequences of clients behavior, fewer options as a result
career choices	more specific about consequences
to areas which require the least math	again consequences how it has affected limited the client

is aiming	What trying to get Metaphor-aiming an arrow or a gun-look at target-get it in your sights and then try to hit this takes effort don't always hit the bullseye Some skill and practice needed
for A or B	specific of what aiming for
but	Qualifier
is now	The result of our session together-client is better off produced a change so that new different-better
considering	change isn't drastic hasn't taken full hold yet hasn't made up mind totally weighing pros and cons
aiming higher	may try to hit better shooting metaphor-is missing mark raise gut to hit it
seems to	what appears to be but not sure may be different may need to look to see differences
to give up	behavior in face of difficulty what client does-how gets what my need to change
and feel helpless	identifying feeling can't do anything about issue may be why is stuck client stuck

when	qualifier under certain conditions a specific time
doesn't solve problem right away	easily frustrated gives up if first effort doesn't work identifying behavior that leads to problem
Admits to not reading the chapter ahead of time and that has not worked very hard at studies	identifying behavior that leads to problem
recommend	suggest in professional relationship
that client	professional relationship
be in math confidence group	what recommends group not as serious an issue-confidence
agreed to participate and to come every time	verification that client sees this as appropriate verification that will be a good client
will have to	must do this to get better
figure out ways to	decipher metaphor-riddle, put clues together make sense of
enjoy math more to "want" to study	what need to figure out
instead of fighting	must step "back" behavior-stop
recommend peer counselors for career counseling- second issue but not central	beliefs that interfere with getting better

client	professional relationship
was interactive and conversational	good client qualities
during the intake interview	professional relationship as they will be good client in session
initially	qualifier at first client may not have been as open
client was somewhat reserved as described current concerns	possible problem not open but does get there and talks about current issues
however, as session progressed	qualifier despite initial resistance will be good client
client	professional relationship
was more relaxed and open about various situations and circumstances in life	getting more comfortable with process better able to fit the mold
client	professional relationship
initial	first, start but implying a change will happen
process	ongoing situation evolving to process(v.) to mix together to get ready
of weight gain	identifying issue
may	possibly not for sure
have been a result	what caused led to the issue

disturbances in family life	family problem led to current issues
and ensuing anxiety that may have felt due to parents separation and divorce	tentatively saying cause and course of problem identifying key incident
client reported that	stating what client says
was very confused	unsure difficult to understand trouble thinking straight
about the circumstances that led parents divorce	what confused about what having difficulty with
and has only recently	up until now has not known changes are current
begun	changes started but not done yet
to understand	make sense of
some of the problem between parents	what making sense of what begun to understand
client	professional
may have	possibly
initially	started
coping	how dealt with divorce and confusion behaviors interest in how client deals with problem
with anxieties and confusion	problem to which they tried to cope
by repressing feelings and consuming food	how coped negative behaviors and feelings

this process	ongoing, happening put together, get something ready
of coping	ways of dealing with problem
may have	not sure, hypothesis
became clients manner	coping behaviors become part of their personality
of developing safety and perseverance when confronted with conflict and disasters	need to be safe need to survive when in conflict/war
client	professional
body appearance	how body looks how see self
was not acceptable to	didn't like how looks
for many years	for long time opening possibility for change
however	qualifier may not be so now
seemed	may be but also may be not as say next
to feel unable to effect change in this area	powerlessness stuck why have problems

APPENDIX B
Examples of The Axial Coding Categories

1. Counselors' focused on the feelings and experiences of their clients:

- A) Examples from the data of the counselors' pointing out the emotions of their clients:

"Anxious; worried; sad; crying; guilt; anger; hatred; excitement; distress; isolated; lonely; unhappiness; overwhelmed; desperate; ashamed; embarrassed; scared; afraid; suffering; hurt; confused; flat affect; grief; relaxed; disappointment; resentment; not very happy; upset; stressed; fearful; disturbed; and depressed."

- B) Examples from the data of the counselors' expressing the need for the clients to express a range of emotions:

"Affect was fairly broad and appropriate; less need to mask emotions; should be a range of emotion; resistant to processing feeling; explore feelings; open about feelings; skilled at burying feelings; did not acknowledge own feelings at all; appropriate affect; good range of affect; need to express true feelings; did not show much affect or anger; displayed a restrictive affect; flat affect; stable affect and mood; affect was appropriate; depth of emotion and feeling."

2. Counselors' focused on the characteristics that will help and the characteristics that will hinder progress in therapy.

- A) Examples from the data of the counselors' noting characteristics of their clients that may help the therapeutic progress:

"Verbal; open; talkative; bright; motivated to seek help; likable; good ego strength; insightful; excited about change; easy to relate to; warm; ready to tell about themselves; interactive; forthright; animated; describes concerns; relaxed; engaging; responds readily to questions."

- A) Examples from the data of the counselors' noting characteristics of their clients that may hinder therapeutic progress:

"Resistant to processing feeling and thought; not interested in change; limited insight; awkward; never been to counseling before; challenging; being not flexible with time; guarded; shy; reserved; repressed feelings; would rather just be told how to get better; sees little benefit in figuring out causes; ambivalence."

3. Counselors' assessed how much social support the person has and whether or not they are using it.

- A) Examples from the data of the counselors' assessing the degree of social support the client has:

"Not personally close; solid support system; friends are supportive; moderate support from family; misses having someone to talk to; few resources; alone; very isolated."

- B) Examples from the data of the counselors' assessing the degree to which the client is using their social support system:

"Which actively uses; difficult to reach out to others refrains from using; doesn't share with friends; has social support but unwilling to use in times of distress; struggling with feeling connection to others."

4. Counselors' assessed the degree of severity and disruption the clients' issues were having for the client.
 - A) Examples from the data of the counselors' assessing the degree of severity of the client's issues:

"Short-term treatment; not as severe; can help; no underlying pathology; normal identity issues; life circumstances; life changes."
 - B) Examples from the data of the counselors' assessing the degree of disruption the client's issues were having on their lives:

"very disruptive; very distressed; little down; low energy; somewhat disruptive; want things to be different; a fair amount of distress."
5. Counselors' listed the types of issues, possible causes, and the consequences the clients presented with.
 - A) Examples from the data of the types of issues the counselors reported:

"Relationship; developmental; identity; food; weight; adjustment; self-esteem; clarity; making decisions; math/school."
 - B) Examples from the data of the counselors' reports of the possible causes of the clients' problems:

"conflict with value system; family dysfunction/divorce; lack of support; separation/individuation pains; loss; illness; social isolation; lack of control/power; pressure; high expectations."
 - C) Examples from the data of the counselors' reports of the consequences of the clients' problems:

"Unhappiness; low self-esteem; loss of confidence; isolation; worry; anxiety; negative feelings and thoughts; distress; feeling unable to effect change/stuck/limited; depressed; feeling vulnerable; feeling dependent."

5. Counselors' focused on what would helping their clients grow.

- A) Examples from the data of the counselors' focus on what would helping their clients:

"Establishing rapport; relating to; therapeutic alliance; pointing out what needs to be worked on; making recommendations; setting limits; focusing on the client; mentoring; giving options figuring out ways to help; balance of support and challenge; empower client; facilitate; assist formulate options; gain understanding; reframing; be able to examine perceptions."

APPENDIX C
Examples of Core Categories and Related Themes

<u>Core Categories</u>	<u>Related Themes</u>	<u>Examples of Themes</u>
The intake counselors' attempts to describe their clients	The characteristics of a client that will increase/decrease the likelihood of a positive outcome to therapy	<i>Facilitative Characteristics:</i> Verbal; Open; Bright; Good Ego Strength; Insightful; Easy to relate to; Forthright <i>Hindering Characteristics:</i> Resistant to processing feelings and thoughts; Limited insight; Denies; Challenging; Guarded
	The issues the client is dealing with	Relationship concerns; Developmental issues; Identity issues; Family of origin issues; Adjustment issues; Value clarity
	The degree of social support the client receives/uses	Moderate support from family; good friends here; difficult to reach out to others; solid support system
	The client's feelings and experiences	feeling overwhelmed; hurt and confused; has anger towards; is lonely; not very happy; excitement
	The client's behaviors that are helping or impeding their growth	<i>Helping Behaviors:</i> Being able to assert; Has changed strategies; Self working hard on issues; Verbally articulate <i>Impeding Behaviors:</i> Reluctant to get into issues; Dependent on others for approval; Coping through denial
The intake counselors' descriptions of what counseling, or the counseling relationship, service is like	Therapy entailing both a professional and therapeutic relationship	<i>Professional Relationship:</i> Scheduled; Signed release; Informed about; Recommend; Limits & appropriateness of relationship; Client

Therapeutic Relationship:

Therapeutic alliance

Establishing rapport

Having them agree to the process

A need to help the client change and grow

Balance of support and challenge; Empower them; Gain Insight; Facilitate; Assist; Teach

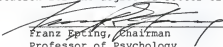
A need to discover the truth

Appears, May be; Client claims; So it is not clear; More information needs to be gathered

BIOGRAPHICAL SKETCH

David L. Vogel was born in Indianapolis, Indiana on February 18, 1971 to Richard A. and Arlene Vogel. At age 3, David and his family moved to Andover, Massachusetts where he stayed until he graduated from Andover High School. After high school David went back to Indiana enrolling in Indiana University (Bloomington, IN). At Indiana University David completed a B.A. in English and Anthropology in 1993 and a second B.A. in Psychology in 1994. He then received a M.S. in Counseling and Counselor Education from Indiana University in 1995. In 1995 David started working on his Ph.D. in Counseling Psychology at the University of Florida (Gainesville, FL). David is currently living in Columbus, Ohio where he is completing his pre-doctoral internship at The Ohio State University Counseling Center. He expects to receive his Ph.D. in Counseling Psychology in 2000.

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.



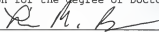
Franz Epting, Chairman
Professor of Psychology

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.



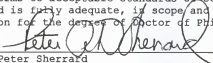
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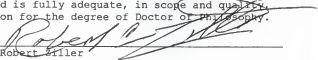
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This dissertation was submitted to the Graduate Faculty of the Department of Psychology in the College of Liberal Arts and Sciences and to the Graduate School and was accepted as partial fulfillment of the requirements for the degree of Doctor of Philosophy.

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